

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

13430

1. PLACE OF DEATH

County Saline

Registration District No. 796

Township Marshall

Primary Registration District No. 3039

City Marshall (No.)

File No.

Registered No. 53

St. Ward)

2. FULL NAME

Ella Frances Booth

(a) Residence. No. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec 30 1866</u>		
7. AGE	YEARS	MONTHS
	<u>62</u>	<u>2</u>
		<u>4</u>
	If LESS than 1 day, hrs. or min.	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ill.

(STATE OR COUNTRY) Kentucky

10. NAME OF FATHER Christopher Booth

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Ann Hancock

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio

(STATE OR COUNTRY)

14. INFORMANT Anna Booth

(Address) Marshall

15. FILED 3-10-29 Mrs. John H. McGuire

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 4 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1929 to Mar 4, 1929 that I last saw her alive on Mar 4, 1929, and that death occurred, on the date stated above, at 3.30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

apoplexy - paralysis

(duration) yrs. mos. ds. 8

CONTRIBUTORY (SECONDARY) arterial hypertension

(duration) yrs. mos. ds. 9

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WHAT TEST CONFIRMED DIAGNOSIS Clinical

WAS THERE AN AUTOPSY? no

(Signed) W. H. Manning, M. D.

3/5, 1929 (Address) Marshall, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Ridge park cem

DATE OF BURIAL Mar 6 1929

20. UNDERTAKER L R Vandiver

ADDRESS Marshall Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FADING INK... THIS IS A PERMANENT RECORD

MAY 2 1929

